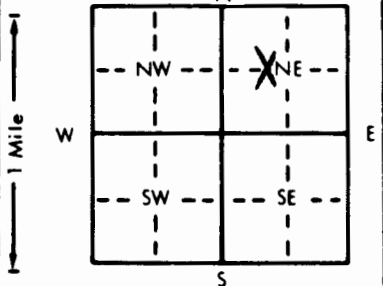


1 LOCATION OF WATER WELL: Fraction  $E\frac{1}{2}$   $\frac{1}{4}$   $W\frac{1}{2}$   $\frac{1}{4}$  NE  $\frac{1}{4}$  Section Number 30 Township Number T 31 **(S)** Range Number R 38 **(EW)**  
 County: Stevens Distance and direction from nearest town or city street address of well if located within city?

12 miles NW of Hugoton, Kansas--

2 WATER WELL OWNER: OXY USA, Inc. #1 MLP Smith-A  
 RR#, St. Address, Box #: P.O. Box 26100 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Oklahoma City, OK 73126-0100 Application Number: OXY permitted

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 300 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. 140 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 140 ft. below land surface measured on mo/day/yr 10-03-91  
 Pump test data: Well water was 165 ft. after 1 hours pumping 100 gpm  
 Est. Yield 100 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter 11 in. to 300 ft. and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feedlot **(6)** Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes..... No..... **X**..... If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped .....  
**(2)** PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass ..... Threaded .....  
 Blank casing diameter 6 in. to 300 ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.  
 Casing height above land surface 24 in. weight ..... lbs./ft. Wall thickness or gauge No. .032  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass **(7)** PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) .....  
 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped **(8)** Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) .....  
 SCREEN-PERFORATED INTERVALS: From 180 ft. to 220 ft. From 240 ft. to 260 ft.  
 From 280 ft. to 300 ft. From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 100 ft. to 300 ft. From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft. From ..... ft. to ..... ft.

6 GROUT MATERIAL: **(1)** Neat cement 2 Cement grout 3 Bentonite **(4)** Other Hole plug  
 Grout Intervals: From 1 ft. to 20 ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage **(15)** Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)  
 13 Insecticide storage .....  
 Direction from well? Southwest How many feet? 200

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil	222	243	Fine Sand
3	40	CLAY	243	257	Sandy Clay
40	52	Sandy Clay	257	300	Clay
52	57	Medium Sand			
57	63	Clay			
63	68	Fine Sand			
68	85	Clay			
85	94	Sand and Streaks of Clay			
94	136	Fine Sand			
136	154	Clay			
154	165	Fine Sand			
165	168	Clay			
168	180	Sandy Clay			
180	210	Sandy Clay			
210	222	Clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1)** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-03-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KWWCL-430 This Water Well Record was completed on (mo/day/yr) 10-03-91 under the business name of Howard Drlg. Co. Box 806 Beaver, OK73932 by (signature) *Howard Drlg. Co.*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.